

IOWA BOARD OF NURSING

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In RE: Petition for Declaratory Ruling	)	Declaratory Ruling No. 53
Filed by: Daniel Gervich, M.D.	)	Insertion & Maintenance of
January 23, 1991	)	Percutaneous Intravenous
Lou Ann Herfert, R.N.	)	Central Catheters (PICC)
February 12, 1991	)	
Clarice Slater, R.N.	)	(Rescinds Declaratory
Mary Gingerich, R.N.	)	Ruling No. 51)
Sue Turbiville, R.N.	)	
February 12, 1991	)	

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Petitions for a declaratory ruling were filed with the Iowa Board of Nursing by: Daniel Gervich, M.D., Des Moines, Iowa on January 23, 1991; Lou Ann Herfert, R.N., Cedar Rapids on February 12, 1991; Clarice Slater, R.N., Des Moines on February 12, 1991; Mary Gingerich, R.N., Des Moines, Iowa on February 12, 1991; and Sue Turbiville, R.N., Davenport, Iowa on February 12, 1991.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision or order of the agency" pursuant to Iowa Code § 17A.9 (1989). See also Iowa Administrative Code, Nursing Board [655], Chapter 9.

Our interpretation of the questions as presented in the petitions:

May a registered nurse working in acute or home care settings insert and maintain a percutaneous intravenous central catheter without physician supervision?

Facts associated with these requests are as follows:

1. Historically the Board considers the insertion of long line silastic catheters to be within the scope of practice of

registered nurses who have had additional education to prepare them for this responsibility.

2. The Intravenous Nurses Association recognizes this procedure for RNs with additional educational preparation and has established standards which ensure quality of care to clients.

The Board considers the insertion and maintenance of PICC lines in acute and home care settings without the supervision of a physician to be within the scope of practice of the registered nurse provided adherence to the standards established by the Intravenous Nurses Association as published in the Journal of Intravenous Nursing Supplement 1990 and as may be amended in the future. In addition, the following limitations apply:

1. Guidewires may be used to advance the catheter.
2. Placement of distal tip per physician order.
3. Radiographic confirmation of placement prior to initiation of therapy is recommended.
4. Additional educational preparation includes supervised insertions by a qualified registered nurse/physician currently performing the procedure.

#### Rationale

Iowa Administrative Code, Nursing Board [655], § 6.2(5) states in part:

The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a. Performing or supervising those activities and functions which require the knowledge and skill level currently

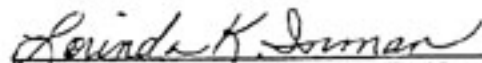
ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.

Iowa Administrative Code, Nursing Board [655], § 6.2(1)

states:

The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.

The Board considers following these above guidelines would minimize complications and promote patient safety.



Lorinda K. Inman, R.N., M.S.N.  
Executive Director  
Iowa Board of Nursing

March 6, 1991

Date



Marjorie M. Matzen, R.N., M.S.  
Chairperson  
Iowa Board of Nursing

March 6, 1991

Date